

DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40541

BIRTH NO. _____		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5562		Registrar's No. 25	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia				c. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia			
c. LENGTH OF STAY (in this place) 23 yrs				d. STREET ADDRESS 1/2 mi. east of Ironton			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile east of Ironton							
3. NAME OF DECEASED (Type or Print)		a. (First) NANNIE		b. (Middle) ESTELLA		c. (Last) McGEE	
4. DATE OF DEATH		(Month) Nov.		(Day) 25		(Year) 1950	
5. SEX fem		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH Jan. 25 1887	
9. AGE (In years last birthday) 63		10. IF UNDER 1 YEAR Days 10		11. IF UNDER 1 HRS. Hours		12. IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) Ky.				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William T. Richards				13b. MOTHER'S MAIDEN NAME Betty Puckett			
14. NAME OF HUSBAND OR WIFE Moody McGee							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. no			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Elmer Mayes				ADDRESS Ironton Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach (far advanced, inoperable) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION May 1950				19b. MAJOR FINDINGS OF OPERATION inoperable carcinoma of stomach			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from 10-20, 1950, to 11-25, 1950, that I last saw the deceased alive on 11-25, 1950, and that death occurred at 12.20 P.M., from the causes and on the date stated above.							
23a. SIGNATURE R. F. Farland (Degree or title) m. D.				23b. ADDRESS Ironton, Missouri			
23c. DATE SIGNED 11-29-50							
24a. BURIAL, CREMATION, REMOVAL (Specify) burial				24b. DATE 11-27-50			
24c. NAME OF CEMETERY OR CREMATORY Pilot Knob Cemetery				24d. LOCATION (City, town, or county) Pilot Knob Missouri			
25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home				ADDRESS Ironton Mo.			
DATE REC'D BY LOCAL REG. Dec. 7, 1950				REGISTRAR'S SIGNATURE Mrs. Anna Jones 128			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 16 1950

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Paul J. White

Licensed Embalmer No. 3012

P. O. Address San Antonio, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.